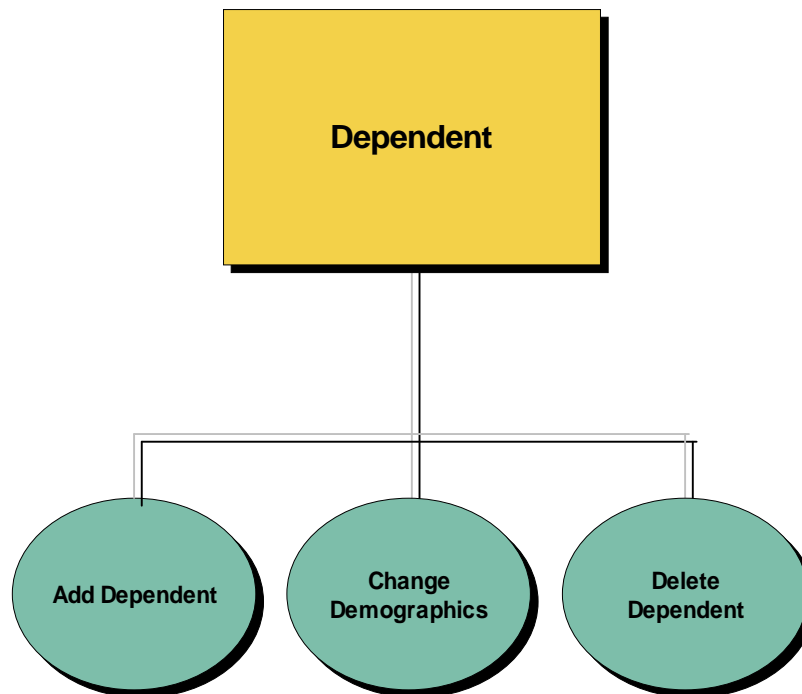


## INTERNET FORMS: DEPENDENT

The Internet Forms, Dependent folder is comprised of three functions, as shown in the diagram below: **Add Dependent**, **Change Demographics**, and **Delete Dependent**.



### Add Dependent

This screen is used to add dependents for a Health Participant.

1. Open the Internet Forms folder on the Navigation Tree, select the **Dependent** folder and click on **Add Dependent**.

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[Help Menu] [Screen Help] **Add Dependent**

SSN:     (Click one time only)

Name:  Birth Date:

Organization:

Health Event Reason:

Event Date:  (mm/dd/yyyy)

HBO Received Date:  (mm/dd/yyyy)

Health Event Effective Date:  (mm/dd/yyyy)

Plan Name: Blue Shield-205

Party Rate:

**Dependent List**

SSN	Name	Birth Date	Relationship	Gender	Coverage Type
--	Betty P Austin	10/30/1966	Spouse	Female	Basic
--	Christina C Austin	10/09/1992	Child	Female	Basic
--	Alexandria T Austin	12/20/1996	Child	Female	Basic

2. Enter the Participant's SSN and click **Get Data**.
3. Participant's name, birth date, organization (agency), any existing dependents appear. Current dependent information includes:
  - SSN
  - Name
  - Birth Date
  - Relationship
  - Gender
  - Coverage Type
4. Enter health event information (*green/bold/italics* fields are required):
  - ***Health Event Reason***

- **Event Date**
- **HBO Received Date**
- **Health Event Effective Date**
- Plan Name. This is not a changeable field.
- **Party Rate**. Defaults to current party rate on file. See Glossary or on-line Help for definition.

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Party Rate: 3

SSN	Name	Birth Date	Relationship	Gender	Coverage Type
--	Betty P. Austin	10/30/1966	Spouse	Female	Basic
--	Christina C. Austin	10/09/1992	Child	Female	Basic
--	Alexandria T. Austin	12/20/1996	Child	Female	Basic

1 of 1

SSN:  (Required for spouse/Domestic partners)

First Name:

Middle Name/Initial:

Last Name:

Name Suffix:

Gender:

Birth Date:  (mm/dd/yyyy)

Relationship:

Coverage Type:

Primary Care Physician:

5. Scroll to the **Add Dependent Transaction List** and enter dependent information (**green /bold /italics** fields are required):
  - **SSN** (Required for spouse or domestic partner. Users are encouraged to enter SSNs for all dependents, if possible).
  - **First Name**
  - Middle Name/Initial
  - **Last Name**
  - Name Suffix
  - **Gender**
  - **Birth Date**
  - **Relationship**
  - **Coverage Type**. The default is Basic.
  - Primary Care Physician
6. Click **Add to List** (Note: If this Step is skipped, dependent information will not be sent to CalPERS for processing).

- If this is the only dependent to be added, go to Step 9.
- To add additional dependents, repeat Steps 5 and 6. To make changes to dependent information, go to Step 7.
- To delete a dependent, go to Step 8.

Name	Birth Date	Relationship	Gender	Coverage Type
<a href="#">Olivia R Austin</a>	05/24/2000	Child	Female	Basic
<a href="#">Betty P Austin</a>	10/30/1966	Spouse	Female	Basic
<a href="#">Christina C Austin</a>	10/09/1992	Child	Female	Basic
<a href="#">Alexandria T Austin</a>	12/20/1996	Child	Female	Basic

1 of 1

SSN:  (Required for spouse/Domestic partners)

First Name:

Middle Name/Initial:

Last Name:

Name Suffix:

Gender:

Birth Date:  (mm/dd/yyyy)

Relationship:

Coverage Type:

Primary Care Physician:

- To make changes to a dependent just added (but before you have saved):
  - Click on the [dependent name](#).
  - When the dependent's information appears, make desired changes and click **Update List**. When you are satisfied with the list of dependents and their information, go to Step 9.
- To delete a dependent previously added (but before you have saved):
  - Click on the [dependent name](#).
  - When the dependent's information appears, click **Delete From List**. When you are satisfied with the list of dependents and their information, go to Step 9.
- When all adds/changes/deletes are completed, click **Save**.

Don't forget to submit your batch via View/Manage Batch!

## Change Demographics

Use this screen to submit a change to demographic information or to add a social security number for a previously enrolled dependent.

1. Open the Internet Forms folder on the **Navigation Tree**, select the **Dependent** folder and click on **Change Demographics**.

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[Help Menu] [Screen Help]

**Change Dependent Demographics**

SSN:     (Click one time only)

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[Help Menu] [Screen Help]

**Change Dependent Demographics**

SSN: 890-01-5914

Name: Vance Austin Birth Date: 12/22/1948

Organization: Water Resources Control Board

SSN	Name	Birth Date	Relationship	Gender
--	Betty P Austin	10/30/1966	Spouse	Female
--	Christina C Austin	10/09/1992	Child	Female
--	Alexandria T Austin	12/20/1996	Child	Female

1 of 1

SSN:    (Required for spouse/Domestic partners)

First Name:  Alexandra

Middle Name/Initial:  T

Last Name:  Austin

Name Suffix:

Gender:  Female

Birth Date: 12/20/1996

New Birth Date:    (mm/dd/yyyy)

2. Enter the Participant's SSN and click **Get Data**.
3. The Participant's name, birth date, and organization (agency) appears. Click on the [dependent name](#). This displays existing dependent information.
4. Enter new information.
5. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!



### Delete Dependent

Use this screen to delete a dependent from a Participant's Health enrollment.

1. Open the Internet Forms folder on the Navigation Tree, select the **Dependent** folder and click on **Delete Dependent**.
2. Enter the Participant's SSN, and click **Get Data**.

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[Help Menu] [Screen Help] *Delete Dependent*

**Delete Dependent**

SSN:    **Get Data** (Click one time only)

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**CaPERS Automated Communications Exchange System**  
*New Connections Easy Access for Partners*

[Help Menu] [Screen Help] *Delete Dependent*

**Delete Dependent** **Save** **Reset**

SSN: 890-01-5914 **Clear**

Name: Vance Austin Birth Date: 12/22/1948

Organization: Water Resources Control Board

Health Event Reason:  **Event Date:**    (mm/dd/yyyy)

**HBO Received Date:**     (mm/dd/yyyy)

**Health Event Effective Date:**     (mm/dd/yyyy)

Plan Name: Blue Shield-205

Party Rate:  3

Select Person to Delete Coverage

Delete	SSN	Name	Birth Date	Relationship	Coverage
<input checked="" type="checkbox"/>		Betty P Austin	10/30/1966	Spouse	Basic
<input type="checkbox"/>		Christina C Austin	10/09/1992	Child	Basic
<input type="checkbox"/>		Alexandria T Austin	12/20/1996	Child	Basic

1 of 1

**Save** **Reset**

3. Enter health event information (*green/bold/italics* are required fields):

- *Health Event Reason*
- *Event Date*
- *HBO Received Date*
- *Health Event Effective Date*
- Plan Name. This is not a changeable field.
- *Party Rate*. Populates with the current party rate on file. See Glossary or on-line Help for definition.

4. Click the check box next to the dependent to be deleted.
5. Click **Save**.



### Restoring a Deleted Dependent

If you delete a dependent in error and you have already saved the transaction, complete the following steps to restore the dependent.

1. From the Internet Forms folder on the Navigation Tree, select **View/Manage Batch**.
2. Click on the [Tracking ID](#) of the batch containing the deleted dependent transaction.
3. Locate the Participant whose dependent was deleted in error. Click on the [Trans. No.](#).
4. When the information for the deleted dependent transaction appears, click **Delete**. A confirmation for the request to delete appears. Click **Yes**. Essentially, you have “deleted the delete transaction,” and the dependent is restored.